

WAIVER

***** Please complete and return form to Office of Purchasing & Contracting*****

c/o Custodial Products Purchasing Agent, 10 Baldwin St. Montpelier, VT 05633

Fax: 802-828-2222

Requestor (Name): _____ Date: _____

District Facility Manager (Signature): _____ Date: _____

Check One and Explain Below:

☐ Current product is not satisfactory ☐ No product on contract

Waiver Request is for:

Product Name: _____ Manufacturer: _____

Check One: ☐ One Time Use or ☐ Add to Existing Contract

Suggested Use: _____

Quantity and Frequency of Use: _____

PLEASE ATTACH AN MSDS SHEET AND ANY OTHER INFORMATION THAT YOU DEEM PERTINENT THAT WE MAY WANT TO CONSIDER IN MAKING A DECISION.

***** **PURCHASING USE ONLY** *****

☐ Approved for consideration and Forwarded to Workplace Safety ☐ Waiver Denied
Comments: _____

Signed: _____ Date: _____

***** **WORKPLACE SAFETY AND TRAINING USE ONLY** *****

Location: _____

Product Waiver Approved: ☐ Yes ☐ No

With Conditions: ☐ Yes ☐ No

Explain Conditions: _____

Additional Training Required: ☐ Yes ☐ No

Is Personal Protective Equipment Required: ☐ Yes ☐ No

General Comments: _____

Approved By: _____, Workplace Safety Coordinator

Signature: _____ Date: _____

Distribution: Purchasing EPP File + District Facility Manager + Originator

